

1. Mathematics 2. Language Arts: Writing 3. Social Studies 4. Science 5. Language Arts: Reading

I ALSO AGREE NOT TO COMMUNICATE TO ANYONE ANY QUESTIONS, PARTS OF QUESTIONS, DESCRIPTIONS OF CHARTS OR GRAPHS, ESSAY TOPICS OR ANY OTHER INFORMATION ON THE GED EXAMINATION. **IF IT IS DETERMINED THAT I BREACHED THIS CONFIDENTIALITY, MY GED CREDENTIAL MAY BE VOIDED.**

➤ **Applicant's Signature:** _____ **Today's Date:** _____

GED TESTING OFFICE
South Carolina Department of Education
1429 Senate Street, Suite 402
Columbia, SC 29201

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

<u>Request for Second Transcript Other than to yourself</u>	<u>INFORMATION RELEASE</u>
I _____ request the South Carolina Department of Education send a copy of my GED test scores to:	I GIVE MY PERMISSION FOR THE GED TESTING OFFICE TO RELEASE TESTING INFORMATION AND SCORES TO EDUCATIONAL INSTITUTIONS, EMPLOYER VERIFICATIONS, MILITARY INQUIRIES, AND ANY AND ALL OTHER ENTITIES THAT MAY MAKE A REQUEST, WITHOUT FURTHER WRITTEN PERMISSION.
Name: _____	Signature: _____
Address: _____	Date: _____

Signature: _____	
Date: _____	

----DO NOT WRITE IN THIS SPACE----		Type of ID: <small>please circle one</small>	
(For examination room use only)		SCDL	SCID
Out-of-state DL _____ (State Name)		Military	
Out-of-state ID _____ (State Name)		Passport	
Green Card		Other _____	
ID NUMBER _____		Exp.Date _____	
Birthdate: _____			
SSN: _____			
Signature: _____		Examiner: _____	